FAMILY HERITAGE CARE CENTER

	1311	TYLER	STREET
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BLACK RIVER FALLS 54615 Phone: (715) 284	1-4396	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Opera	ition: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03	3): 50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	44	Average Daily Census:	40

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care	No	Primary Diagnosis		Age Groups	%		13.6
Supp. Home Care-Personal Care	No					1 - 4 Years	40.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.3	More Than 4 Years	20.5
Day Services	No	Mental Illness (Org./Psy)	29.5	65 - 74	9.1		
Respite Care	No	Mental Illness (Other)	4.5	75 - 84	27.3		75.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52.3	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	13.6	95 & Over	9.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	11.4		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	11.4	65 & Over	97.7		
Transportation	No	Cerebrovascular	0.0			RNs	14.9
Referral Service	No	Diabetes	6.8	Gender	8	LPNs	6.5
Other Services	No	Respiratory	4.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	18.2	Male	22.7	Aides, & Orderlies	41.6
Mentally Ill	No			Female	77.3		
Provide Day Programming for		I	100.0	[
Developmentally Disabled	No	1			100.0		
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Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			Managed Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	3.7	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.3
Skilled Care	5	100.0	300	25	92.6	120	0	0.0	0	11	100.0	136	0	0.0	0	1	100.0	218	42	95.5
Intermediate				1	3.7	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		27	100.0		0	0.0		11	100.0		0	0.0		1	100.0		44	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	ı of Kesidents'	Condit	ions, Services, an	d Activities as of 12/3	31/03
beachs builing Reporting Terrou					% Needing		Total
ercent Admissions from:	į	Activities of	96	As	sistance of	% Totally 1	Number of
Private Home/No Home Health	8.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent I	Residents
Private Home/With Home Health	4.2	Bathing	0.0		79.5	20.5	44
Other Nursing Homes	1.4	Dressing	11.4		45.5	43.2	44
Acute Care Hospitals	79.2	Transferring	31.8		59.1	9.1	44
Psych. HospMR/DD Facilities	0.0	Toilet Use	18.2		63.6	18.2	44
Rehabilitation Hospitals	0.0	Eating	75.0		18.2	6.8	44
Other Locations	6.9	******	*****	*****	******	******	*****
Cotal Number of Admissions	72	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	6.8	Receiving Resp	iratory Care	15.9
Private Home/No Home Health	40.6	Occ/Freq. Incontiner	it of Bladder	47.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	15.9	Occ/Freq. Incontiner	it of Bowel	29.5	Receiving Suct	ioning	0.0
Other Nursing Homes	1.4				Receiving Osto	my Care	0.0
Acute Care Hospitals	8.7	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	1.4	Physically Restraine	ed.	13.6	Receiving Mech	anically Altered Diets	31.8
Rehabilitation Hospitals	0.0						
Other Locations	13.0	Skin Care			Other Resident C	haracteristics	
Deaths	18.8	With Pressure Sores		6.8	Have Advance D	irectives	100.0
otal Number of Discharges	į	With Rashes		9.1	Medications		
(Including Deaths)	69				Receiving Psyc	hoactive Drugs	75.0

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietarv	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	જ	Ratio	8	Ratio	8	Ratio	8	Ratio
Occupant Policy Program Policy Green (7 learned Policy	65.0	00.0	0.01	02.7	0.70	0.4.0	0.70	07.4	0.75
Occupancy Rate: Average Daily Census/Licensed Beds	65.2	80.8	0.81	83.7	0.78	84.0	0.78	87.4	0.75
Current Residents from In-County	90.9	73.7	1.23	72.8	1.25	76.2	1.19	76.7	1.18
Admissions from In-County, Still Residing	20.8	19.8	1.05	22.7	0.92	22.2	0.94	19.6	1.06
Admissions/Average Daily Census	180.0	137.9	1.31	113.6	1.58	122.3	1.47	141.3	1.27
Discharges/Average Daily Census	172.5	138.0	1.25	115.9	1.49	124.3	1.39	142.5	1.21
Discharges To Private Residence/Average Daily Census	97.5	62.1	1.57	48.0	2.03	53.4	1.83	61.6	1.58
Residents Receiving Skilled Care	97.7	94.4	1.04	94.7	1.03	94.8	1.03	88.1	1.11
Residents Aged 65 and Older	97.7	94.8	1.03	93.1	1.05	93.5	1.04	87.8	1.11
Title 19 (Medicaid) Funded Residents	61.4	72.0	0.85	67.2	0.91	69.5	0.88	65.9	0.93
Private Pay Funded Residents	25.0	17.7	1.41	21.5	1.16	19.4	1.29	21.0	1.19
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	34.1	31.0	1.10	39.1	0.87	36.5	0.93	33.6	1.01
General Medical Service Residents	18.2	20.9	0.87	17.2	1.06	18.8	0.97	20.6	0.88
Impaired ADL (Mean)	46.4	45.3	1.02	46.1	1.00	46.9	0.99	49.4	0.94
Psychological Problems	75.0	56.0	1.34	58.7	1.28	58.4	1.28	57.4	1.31
Nursing Care Required (Mean)	8.0	7.2	1.10	6.7	1.19	7.2	1.11	7.3	1.09